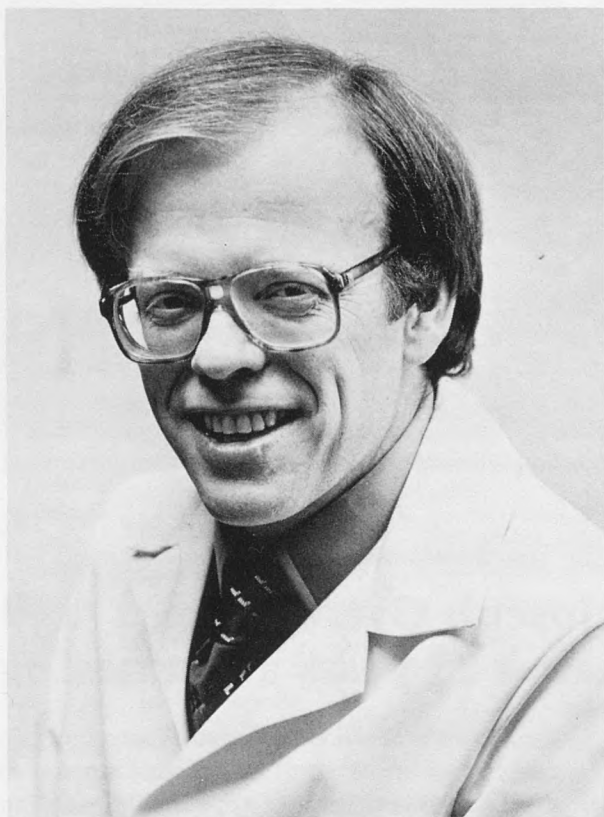


Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, February, 1980, Volume XXXIV, Number 2



Dr. Jay McDonald

Dr. McDonald named director of laboratories

Former co-director of the clinical chemistry laboratory Dr. Jay McDonald has been named director of the Barnes diagnostic laboratories, according to hospital president Robert E. Frank. Dr. McDonald succeeds Dr. Leonard Jarett who had held that position since 1969.

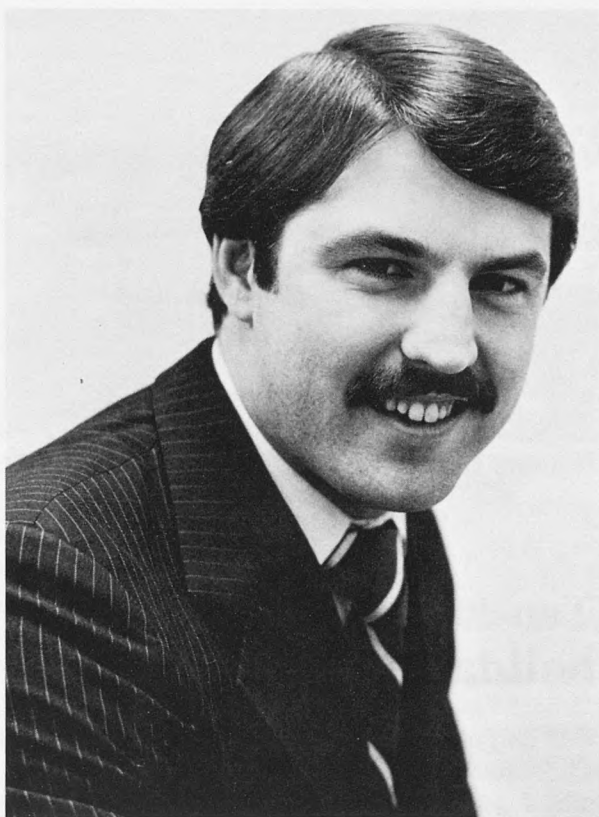
Dr. McDonald, a native of Rochester, Minn., was named co-director of the clinical chemistry laboratory in 1976 and prior to that time worked in a research laboratory at Barnes for two years.

A graduate of Tufts University in Boston, Dr. McDonald has an M.D. degree from Wayne State University. He completed a four-year residency in pathology at Wayne State prior to moving to St. Louis.

Best doctors, hospitals in the U.S. named in book

Author John Pekkanen surveyed 535 physicians, asking them to name the specialists and medical centers they would go to if they were seriously ill. The result of his survey, *The Best Doctors in the U.S.: A Guide to the Finest Specialists, Hospitals & Health Centers*, names Barnes Hospital as one of the six best medical centers in the country and doctors on staff at Barnes are mentioned in virtually every medical specialty. All of the top six medical centers named in the book are teaching hospitals such as Barnes.

Front cover: Keith McQueen and four other plant engineering co-workers are reliving a bit of the past — black powder guns are making a comeback for sportsmen as well as collectors. (See centerspread for story.)



Robert Shircliff

Robert Shircliff named assistant to the president

Robert Shircliff, administrative resident at Barnes since last June, has been named assistant to the president.

Mr. Shircliff received his masters degree in health care administration at Washington University School of Medicine while serving as an evening administrator of the hospital. He holds a bachelor of science and commerce degree in management from the University of Louisville (KY).

A native of Louisville, Mr. Shircliff has had previous hospital management experience at Sts. Mary and Elizabeth Hospitals in Louisville.

Edward Schnuck named Man of the Year

Edward J. Schnuck, a member of the Barnes Hospital board of directors, received the 1979 *St. Louis Globe-Democrat* Man of the Year award in ceremonies held January 4. Mr. Schnuck is chairman of the board of Schnuck Markets, Inc.

Globe-Democrat publisher G. Duncan Bauman introduced Mr. Schnuck as "clearly the universal man (whose) interests range the gamut of human and community needs and concerns" and presented him with the traditional symbols of the award, a large plaque, a sterling silver bowl and, to Mrs. Schnuck, a medallion.

The award is given annually "to that person who best exemplifies an inspiring level of civic and industrial conviction, purpose and confidence in the development of the greater St. Louis area."

(Last year's Man of the Year was another Barnes director, Armand Stalnaker.)



Jim Hubbard

Jim Hubbard named an assistant director

Former public relations director Jim Hubbard has been named an assistant director of Barnes effective January 1 according to hospital President Robert E. Frank. Mr. Hubbard will be responsible for community relations and development at the hospital, succeeding associate director/development Joseph Greco, who retired in January. (See related story p. 2.)

Mr. Hubbard will serve as liaison between Barnes and community organizations and will facilitate Barnes's involvement in health care activities in the St. Louis area. He will also be responsible for coordinating fund-raising activities and overseeing the public relations department.

A native of Sikeston, Mo., Mr. Hubbard is a graduate of Culver-Stockton College in Canton, Mo., where he served as assistant public relations director for four years. He was named assistant director of Barnes public relations in 1973 and director of that department in February, 1977.

Mr. Hubbard currently serves as president of the International Association of Business Communicators/St. Louis, is a former board of directors member of the Missouri Association of Hospital Public Relations, and former vice-president of the Hospital Public Relations Society of Metropolitan St. Louis.

Daisy Kramer Shepard, former assistant director of public relations, has been named director of that department and Charlene Bancroft has been promoted to assistant public relations director.

Mrs. Shepard has worked in the Barnes public relations department for more than ten years. Mrs. Bancroft has been a member of the department since 1974.

Barnes adds 47,500 sq. ft. of warehouse space

Approximately 47,500 square feet of badly needed storage space and work area have been added to Barnes Hospital with the purchase in July of a building on the corner of Laclede and Euclid in the Central West End. According to Beth Uhlman, Barnes planning coordinator, the building, which had previously been occupied by Southwestern Bell Telephone Company, was purchased "so we could centralize our storage."

"Keeping things in this building will not only centralize our supplies, but it will also save us money now paid for commercial storage," Mrs. Uhlman said. "Some of our storage areas within the hospital had been displaced by the West Pavilion construction and had to be moved. And previously we stored things in a warehouse on Manchester and in one on Forest Park."

The purchase of the Laclede-Euclid building, which is three blocks away from the hospital, has allowed for the storage of West Pavilion items, such as office furniture, which was delivered before the construction was completed. In addition, the extra storage space has allowed Barnes to make bulk purchases in order to save money by buying in quantity.

Kean Drug is presently leasing space in the building, and Jewish Hospital has asked to do the same. Barnes plans include warehouse and plant engineering storage on the first floor; and the upholstery shop, the loading dock and storage for West Pavilion furnishings, bulk purchases and carpet on the second floor. Storage for the diagnostic lab, plant engineering and the warehouse and a training center for the education and training department will be on the third floor. Adjacent to the building is a parking lot, part of which is reserved for customers of Kean Drug and part of which is used for loading and unloading delivery trucks.

The training center will contain both large and small conference seminar rooms, appropriate for management training and for lengthy classes such as orientation and six-hour CPR. "We also plan to teach community health and patient education classes there," said Rusti Moore, director of education and training. "We expect to move a minimum of 200 people, both the public and employees, in and out of that building every day."

Education and training plans to start using the building sometime this year. "Each room will be a multiple-use room," Mrs. Moore said. "And we should decrease the man hours used for carrying materials back and forth to seminars since we'll be able to store them there."

Volunteers saluted on highway billboard

Commuters on eastbound highway 40 had something new at which to look during the first two weeks in January. "Barnes Hospital Loves Its Volunteers" in big, bold blue letters decorated the billboard scenery between the Hampton and Kingshighway exists just south of the hospital.

"It was our way of letting our 325 volunteering men, women and teenagers know that we appreciate them and the work they have done," said volunteer director Deborah Lord Bobinette, who initiated the salute. Eller Outdoor Advertising Company of St. Louis donated the billboard space.



Preparing holiday gift baskets are, from left, Evelyn Bonander, Laurie Falk and Carole Palmer, Barnes social workers.

Ten families receive holiday gift baskets

Ten Barnes patients and their families received Christmas baskets of food collected by the hospital's social work department with assistance from several nursing divisions and other medical center personnel. Students from Hazelwood high school also contributed food for the baskets.

Each basket contained food for a complete Christmas dinner and was prepared specifically for the person receiving it, taking into consideration the number and ages of family members and any dietary restrictions.

The holiday gift-giving was the fifth year that members of the social work department prepared the Christmas food baskets.

Dr. Cordonnier dies; former urologist-in-chief

Dr. Justin J. Cordonnier, Barnes urologist-emeritus and former urologist-in-chief, died at Barnes after apparently suffering a heart attack at home January 18. He was 74.

Dr. Cordonnier joined Barnes in 1939 after completing internships in medicine and surgery at the hospital. He was head of urology from 1952 until his retirement in 1970. He became emeritus in 1973. He was also on the staff of Washington University School of Medicine from 1938 until 1970, when he became professor emeritus.

In 1949, Dr. Cordonnier was awarded first prize for clinical research from the American Urological Association and in 1962 he received the Francis Amory Prize of the American Academy of Arts and Sciences. In 1978 he received the Raymond Guiteras Award from the American Urological Association, the nation's highest award in urology. He was author of numerous articles on urology published in profession journals and books.

Dr. Cordonnier is survived by his wife, Jane; a son, Justin C.; a daughter, Mrs. Frances McKinnon, and three grandchildren. The family suggested memorial contributions to the department of urology.

Joseph Greco retires after 25 years at Barnes

Associate director/development Joseph Greco retired from Barnes after 25 years of service to the hospital. A certificate of appreciation, sterling silver champagne bucket and chafing dish were presented to him during a farewell reception held January 11.

"I will miss the friends I've made over the years here," said Mr. Greco. "Barnes has been a part of my life for so many years that for the next few weeks my automobile probably will automatically head for the hospital every morning."

Chair is named for Dr. Fred Reynolds

A chair in orthopedic surgery is being endowed in honor of Dr. Fred Reynolds, Barnes orthopedic surgeon and former team doctor for the St. Louis football Cardinals, according to Washington University School of Medicine Chancellor William Danforth. A check for \$650,568 was presented to Chancellor Danforth by Bill Bidwill, president of the Cardinals and chairman of the fund-raising committee.

Mr. Bidwill also presented a citation to Dr. Reynolds at the December 13 press conference naming him team physician emeritus of the football Cardinals, whom Dr. Reynolds has served during the 20 years the team has been in St. Louis. The citation reads, "Fred C. Reynolds, M.D., Team Physician Emeritus . . . in sincere appreciation and gratitude for his dedicated care in behalf of past and present members of the team."

Dr. Thomas Ferguson receives alumnus award

Dr. Thomas B. Ferguson, Barnes cardiothoracic surgeon, received a Distinguished Alumnus Award recently from Duke University School of Medicine in Durham, N.C., during that university's medical alumni weekend. He is president of the Council of Medical Specialty Societies and serves as the American Board of Medical Specialties representative on the Coordinating Council on Medical Education.



Robert and Judy Kitchell with twins Joshua David and Joseph Daniel, first babies born at Barnes in the New Year.

First babies born at Barnes in 1980

Not only are Robert and Judy Kitchell the proud parents of the first baby born at Barnes Hospital in 1980, but they are also the parents of the first set of twins for the year. Joshua David, weighing 6 lb. 4 oz., was born at 4:29 a.m. on January 1 and his brother Joseph Daniel, weighing 5 lb. 8½ oz., arrived twenty minutes later at 4:49 a.m.

"We had no idea that there might be twins," Mrs. Kitchell said. "My husband didn't believe it when he was told." The babies, which were due on January 17, arrived two weeks early. The Kitchells have two other children at home, Tommy, 7½, and Robbie, 18 months.

Barnes was also the scene for the birth of triplets born to an east side couple December 16.



Jim Tunney, president of the Institute for the Study of Motivation and Achievement in Los Angeles, was the guest speaker for the Barnes Hospital Society annual dinner meeting held December 12 at the St. Louis Club.

Walking, walking and still more walking . . .

Dispatch workers, easily recognizable in their dark blue pants and light blue shirts, are perhaps the most misunderstood employees at Barnes Hospital. At first glance, they appear to have easy jobs, just transporting people and things from place to place. But, in each two-week period, they make approximately 36,000 to 40,000 trips in the hospital (as well as trips to Childrens and Jewish hospitals), transporting patients, picking up medication from the pharmacy, carrying medical records and charts, taking specimens to the laboratories and delivering beds to the operating rooms. They work eight-hour shifts, frequently with the only time off their feet being thirty minutes for lunch and whatever few minutes they grab while waiting for elevators.

"When new employees first start, they're fairly slow because they don't know all the short cuts—short cuts through the hospital as well as short cuts in saving time," said Bobbie Lee, director of dispatch. "But, by the time they get their third paycheck, they should be making 60 trips a day."

Sixty trips a day is considered normal for each dispatch transporter. As an incentive to work even harder, they receive twenty-five cents per trip for all trips over 600 in a two-week period. "Three-fourths of our employees go over the 600 trips," Ms. Lee said. Based on an eight-hour work day, that means an average of seven and one-half trips per hour.

New employees go through a three-day training period with a supervisor. On the first day they tour the hospital and are shown key areas by the supervisor. They learn how to read trip tickets on the second day and begin making trips with the supervisor. They are then required to answer a 25-question questionnaire; the supervisor then goes over with them whatever questions they are unable to answer.

"You learn, basically, just by doing it," said transporter Cheryl Jackson, who has been working in dispatch for the last two years. "You also learn real fast to wear comfortable shoes." Comfortable shoes are a must for the dispatch employees who spend many hours each day walking.

Three-fourths of the calls to dispatch are received via the telephone with the rest of them coming

over the computer. A trip ticket, which designates what is to be picked up, where it is to be picked up and where it is to be delivered, is written for each request. Each transporter has a number and trips are assigned according to number. Sometimes, transporters are assigned only a few trips to do at one time, and, sometimes, they are assigned as many as sixteen.

The transporter takes the trip tickets along on the runs so that each one can be signed by someone at the delivery point. After making all of the assigned trips, he or she calls the dispatch office, sometimes from direct dispatch lines located around the hospital, and receives additional runs over the telephone, thus eliminating the time that it takes to return to the office.

Dispatch workers visit all places in the hospital. They carry beds to the operating rooms, they take medication to the recovery room, they transport many patients to x-ray—they visit places that most employees working at Barnes never see.

A Bulletin reporter recently spent half a day with a dispatch transporter. She found that a typical day-shift day in the life of a transporter starts at 7 a.m. The transporter (in this case, Cheryl Jackson) clocks in and is given seven trip tickets, the first requiring moving a bed from 9400 to the East Pavilion operating rooms. Next trip calls for her to find a wheelchair and take a patient from the East Pavilion to the second floor of Mallinckrodt.

Although transporters are allowed 15 minutes to find the wheelchair and take the patient to x-ray, this time it takes 15 minutes just to locate an available orthopedic wheelchair. She starts at 11400 and works her way down the floors until she comes across a wheelchair that no one is using.

After taking the patient to x-ray, the transporter carries an envelope from the chemistry lab to a lab at Children's. This is followed by taking a patient to 2 x-ray. The next trip requires finding a wheelchair to take to the ER entrance, then picking up requisitions from 9400 and the recovery room for medication, taking them to the pharmacy and returning the medication to each place.

When all of the runs are completed, she calls the dispatch office for more runs which she writes down on reroute tickets. And so on . . . until lunch time. After a 30-minute break for lunch, which is at no set time, she continues on until the eight-hour shift is done.

When a transporter goes to a floor to pick up a patient, she notifies personnel on that floor that she is there to pick up a certain patient. It is the responsibility of the personnel on the floor to help the patient into the wheelchair, since dispatch people are not allowed in patient rooms. Although she is supposed to wait only three minutes for the patient to get ready, the transporter frequently has to wait longer.

Like the plight of the mailman, dispatch transporters work in inclement weather. Regardless of rain or snow, packages still need to get to Jewish and wheelchairs must go outside the entrance to the emergency room.

Presently, the dispatch department has 105 employees, those who carry mail, those who work in the office and those who are transporters. When interviewing applicants, Ms. Lee stresses the need for patience to work with patients in a hospital atmosphere as well as endurance to spend many hours a day walking.

"First, you measure out a charge of powder and pour it in. Wet the patch in your mouth and place it over the barrel. Put the ball over the patch, center it and use the ball starter to shove it about four or five inches down the barrel. Push it the rest of the way down with the ramrod. Put the cap on and fire. When the smoke clears, check to see if you hit anything."

This 30-second procedure is standard for loading and firing black powder muzzle-loading guns. Although not always the safest and not always the most accurate, these guns were used by early Americans for bagging game for food and for defense against marauding Indians. Today, there has been a rebirth of black powder shooting, due in part to nostalgia, the low cost of the guns and supplies and the restrictive anti-gun laws which place limitations on other types of guns. At Barnes, this tradition is being carried on by six plant engineering employees who are black powder enthusiasts, Keith McQueen, Ted Jones, Larry Bridges, Bob Watson, Ed Chaffin and Dan Shulack.

"Black powder guns certainly gave the Indians a sporting chance," Mr. Jones said. "And, today, black powder popularity is growing all the time."

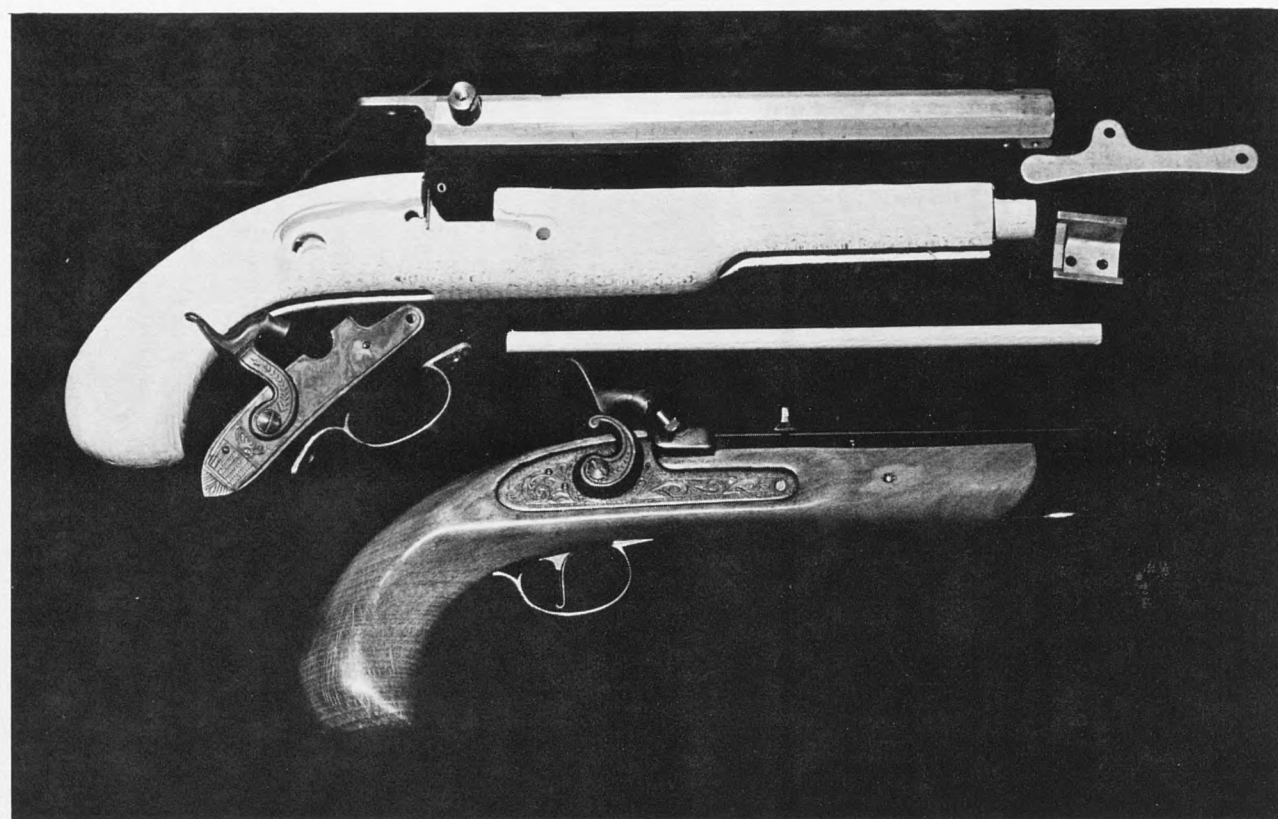
"I like black powder better than center fire guns," Mr. McQueen said. "Maybe I'm just a traditionalist and like to relive the past."

The scarcity of fine old original black powder arms in safe, shootable condition was one reason for the introduction of numerous replicas and reproduction guns. Besides, few serious gun collectors would use fine old guns for everyday shooting.

The idea of producing modern reproductions took hold in the second half of the 1950's. For the most part, almost exact reproductions of the originals, with some changes, most of which were internal, were produced. These new guns were far superior to their predecessors. In 1955, Turner Kirkland of Dixie Gun Works began marketing his Dixie squirrel rifle, the first modern black powder muzzle-loading arm introduced into the United States. Not only was it reasonably priced, but it was superior to most originals.



The black powder gun is known for its loud "boom" and dense cloud of smoke which oftentimes has to clear before one determines whether or not he has hit his target.



Gun enthusiasts enjoy the challenge of assembling kits to add a derringer or long rifle to their collections.



Bob Watson demonstrates the ramrod's use in pushing the projectile down the derringer barrel.

black POWder

Keith McQueen, whose friend got him interested in black powder guns, shoots a Dixie Hawken rifle, which he made from a kit. This celebrated rifle, which was most prominent and popular during the trek through the West, is heavy and dependable with a rather short barrel. Not only does he target practice and hunt with his black powder rifle, but he also gets into the spirit of early America by throwing tomahawks and by taking part in black powder rendezvous, where black powder enthusiasts get together, camp out in the open and wear buckskin clothes and coonskin caps.

Avid hunters, Mr. McQueen and Mr. Jones bagged deer this year for the first time with black powder rifles. Mr. Jones, whose brother-in-law got him started shooting black powder, has a .45 caliber Kentucky rifle, a percussion rifle styled from a late eighteenth century rifle and designed for accurate shooting. "I take pride in what I make," said Mr. Jones, who made the rifle from a kit.

Larry Bridges, who owns a Kentucky long rifle and two unfinished derringer kits, has been into black powder shooting for the past three years. "I like to shoot and black powder is a cheap way to do it. You can shoot all day for a few dollars," he said. "Anybody can shoot a regular gun. Black powder guns are much safer since kids can't possibly load them."

Bob Watson got into black powder shooting in 1962 when, while doing some gun trading, he got a black powder gun. "I ended up with a gun I didn't really want," he said. "I soon found out that black powder is more of a challenge. It's a challenge to build them and a challenge to make them work properly." A compulsive buyer, he owns a Hawken rifle, a Colonial pistol, a Mississippi derringer and three unmade kits.

Mr. Watson does a lot of target shooting along the river near Alton with his friend Ed Chaffin.

"We go out on Sunday mornings a lot of times and make a lot of noise and smoke," Mr. Chaffin said. He got started in the sport by buying an old Navy pistol from Mr. Watson. Today, he owns a Ruger old army pistol, an unfinished Hawken rifle kit, a Kentucky long rifle and a Kentucky pistol kit, and, like many black powder enthusiasts, he makes his own ammunition.

Dan Shulack, owner of a Ruger old army pistol, does a lot of target shooting at a friend's quarry and on the shooting range at Busch Wildlife Center. "I'm happy with the gun I have. I have it mostly because I like to shoot," he said. "It takes more skill to shoot a black powder gun. And I like the feel of the 'old West.'"

Although the gun control act of 1968 regulates most firearms, it excludes antique firearms and

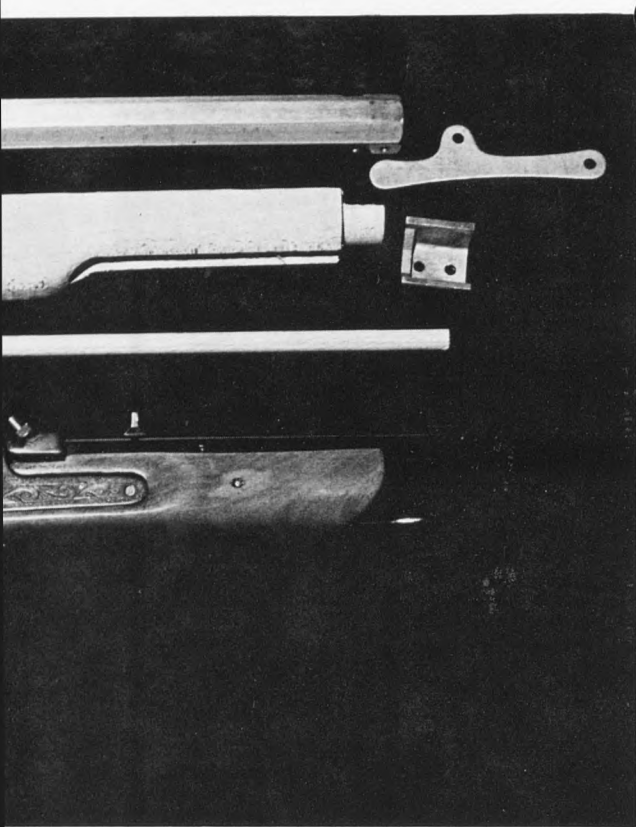
reproductions. They may be bought and sold by collectors and dealers without inconvenience and limitations.

The history of firearms in the United States dates back to the use of flintlocks during the early days in the first colonies and during the American Revolution. Imported from Europe, these firearms had to be adapted to the different conditions in the New World. The terrain was thickly wooded, there were few roads, travel was by foot. Long guns had to be light enough to carry long distances. Those were simple times when a man was either wet or dry, warm or cold, hungry or satiated. A man's gun was frequently his only protection against death.

Tradition, perhaps, is as much part of the reason that black powder guns are returning to gun



There are several shops in the St. Louis area where black powder guns and related accessories can be purchased by avid hunters such as Ted Jones.



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Tradition, perhaps, is as much part of the reason that black powder guns are returning to gun

racks as are the challenge and love of close contact with the outdoors. Another common bond among black powder shooters, equal in importance to tradition, is fellowship.

"It's expensive to get into black powder shooting, but once you've got the equipment, it's not expensive to do," Mr. McQueen said. "It takes anywhere from \$100 to \$200 to get started." A person who shoots black powder guns must carry with him a powder horn and measurer, ammunition, patches, ball starter, ramrod, brush to clean the bore, and caps.

Depending on personal preference, the shooter uses round balls, maxi balls or mini balls, all of which must be made out of pure lead. If the lead is mixed with tin, the balls are too hard to push down the bore. Many people shoot round balls for target practice and maxi balls for hunting. The maxi balls are quicker to load and don't have to be used with a patch. The mini balls, which are hollowed at the base, are conical like a regular bullet. Coarse powder is used for a larger caliber gun while fine powder is used for pistols and small bore rifles.

"Nine times out of ten, black powder guns cause more damage," Mr. Watson said. "There is a larger caliber bullet and it's slow moving. If it hits near a bone, it will break it."

Black powder guns, in addition to causing a lot of smoke, make completely different sounds from center fire guns. The modern-day guns have a high-pitched crack whereas the black powder guns make more of a boom. Wearing safety glasses while shooting is recommended so that a piece of percussion cap does not hit the shooter in the eye.

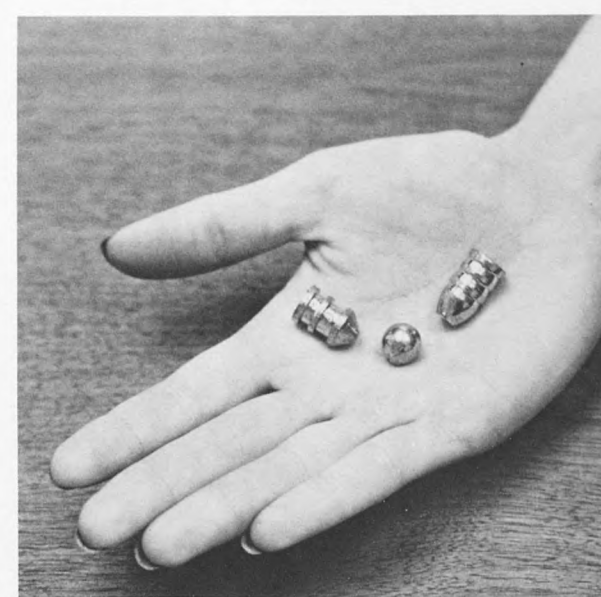
Purchasing black powder guns and gun kits is relatively simple since they are sold at most sporting goods stores and are available by mail order catalog. In most kits the wood on the stock of the gun must be carved and stained, the barrel must be sanded and blued, the sights must be put on and all parts must be assembled.

To purchase black powder, which sells for about \$6 per pound, a person must be at least 18 years old and must sign for it. The powder, which must be stored in cool, dark places and away from heat and sparks, lasts longer for pistols (which require 25 to 30 grains per shot) than in rifles (which require 80 to 100 grains per shot).

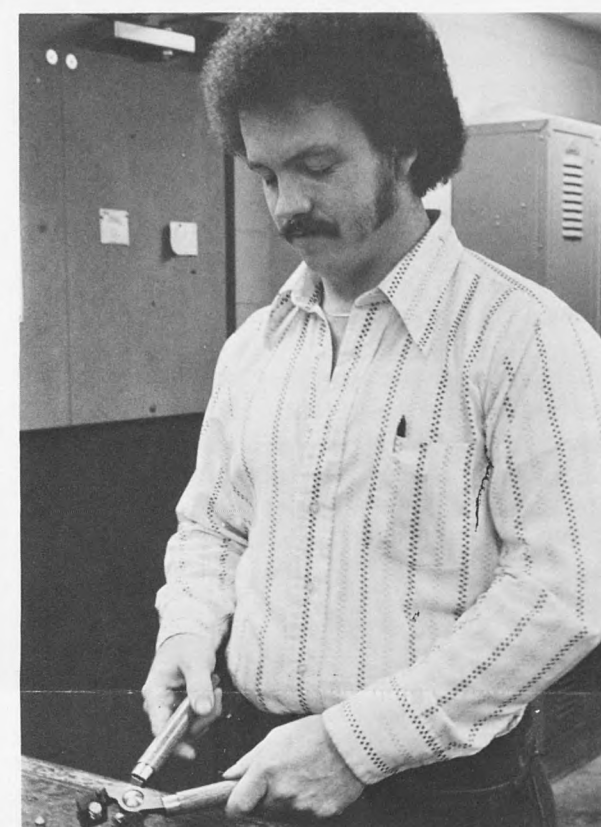
Black powder is extremely corrosive and when loaded and fired in muzzle-loaders, it leaves a considerable amount of residue inside the barrel and chamber area. Black powder guns will not load and shoot properly unless the ball and patch slide down the bore easily, not catching rust or pits or any kind of rough spot. Guns should be cleaned after every use. "You have to really keep black powder guns clean," Mr. Shulack said. "The powder leaves a residue on the gun which can corrode it if it isn't cleaned properly. A simple solution of hot soapy water is the best."

A special event in Missouri for black powder enthusiasts is the historical weapons hunt which is held in several places throughout the state in October. To reduce the deer herds on game reserves, the government chooses hunters by computer drawing and allows them to hunt for three days for a charge of \$3 plus the regular fee for a deer tag. "It's a safe hunt because it's under controlled conditions," Mr. Bridges said.

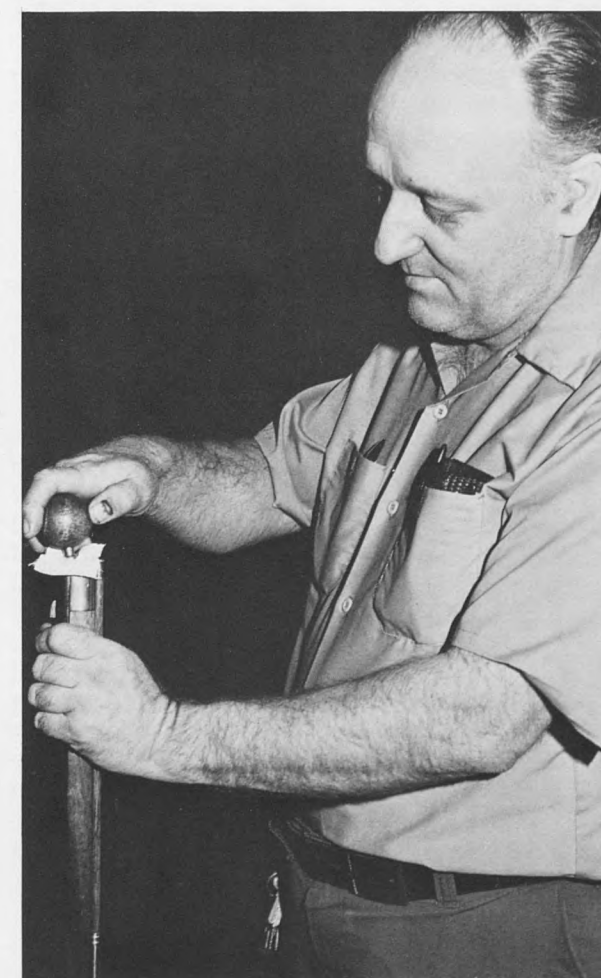
Mr. McQueen agreed, "The difference between center fire hunting and black powder hunting is the fact that the hunter using black powder has to see what he's shooting at since he gets only one chance at it."



Maxi balls, round balls and mini balls made out of pure lead are used in muzzle-loading weapons.



Many black powder enthusiasts like Larry Bridges prefer to make their own projectiles for use in hunting and target practice.



A ball starter is used by Ed Chaffin to shove the projectile and patch four or five inches down the barrel of a muzzle-loading gun.



There are several shops in the St. Louis area where black powder guns and related accessories can be purchased by avid hunters such as Ted Jones.



Karen Schermer

Karen Schermer joins medical records staff

Karen Schermer has been named assistant director of medical records, effective January 2. She succeeds Dick Spencer who was recently named director of the department.

Miss Schermer, a native St. Louisian, completed her management residency at Barnes after receiving a bachelors degree in medical records administration from St. Louis University in 1978. She graduated from Ladue High School in 1974. Before coming to Barnes, she was supervisor of an analysis unit at the Illinois Masonic Medical Center in Chicago.

Corneal transplant aids Indiana man

For Gabe Beachamp of Terre Haute, Ind., good eyesight is a valuable asset. Not too long ago, the cornea of his right eye became cloudy, not allowing light rays to reach the retina. Unable to use the eye, he was hampered in his day-to-day living and at his work as a machine repairman. But, today, thanks to a corneal transplant operation performed in December at Barnes Hospital, he has an 80 percent chance of recovering normal reading vision.

"The cornea is supposed to remain crystal clear so that light can pass through it and be transmitted to the back of the eye," said Dr. Stephen Waltman, Barnes ophthalmologist and director of the eye bank. "Sometimes it becomes cloudy, because of infections, eye ulcers or previous surgery. When this happens vision is impaired to the point that some people are unable to read newspaper headlines."

Corneal transplants, while not new, are being done more often and with higher rates of success at Barnes where approximately 150 of the procedures are done each year. The number is limited only by the availability of corneas for transplantation.

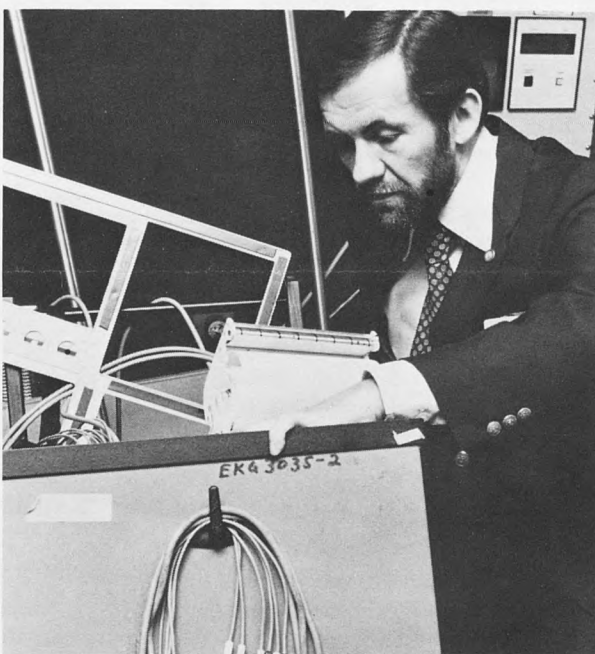
Eyes for the Barnes eye bank are collected when a person, who has filled out a donor card, dies. Immediately following death, eyes are stored in special solutions and refrigerated, allowing transplantation of the cornea within three days. Although Barnes receives 700 to 800 eyes per year, many cannot be used for transplantation because they come from people who had hepatitis, infection or previous eye trauma. Currently, there are approximately 40 to 50 people on the waiting list.

"In Mr. Beachamp's case, we were fortunate to have eyes available when they were needed," Dr. Waltman said. "Of course, when certain conditions exist, such as when a cornea is about to burst, we consider those priority cases which must come first."

Although corneal transplants are major eye operations, they are performed not by a team of transplant surgeons, but by one ophthalmologist who has a special interest in that area. The central two-thirds of the clear cornea is transplanted and patients are normally hospitalized for one week. Within two weeks, ophthalmologists know whether or not the transplant has been successful. High rates of success in transplant surgery are attributed to the development of small sutures used in the surgery, to the use of microscopes during surgery, and to better technological processes.

Unlike for other transplant procedures, a tissue match is usually not important for corneal transplants. "Our studies have shown that it is not important that tissue matching be done. Rejection can be controlled by cortisone," said Dr. Waltman.

Mr. Beachamp was referred to Barnes by his doctors in Terre Haute. "I figured if I was going to go anywhere to have the operation done, I'd go to the best hospital," he said.



Henry Blamy

Henry Blamy joins Barnes Hospital staff

Henry Blamy has joined Barnes Hospital as technical director of the cardiac diagnostic lab.

A native of Boston, Mass., Mr. Blamy retired from the U.S. Air Force in December after 20 years of military service. For the last six years, he was stationed with the 57th Aeromedical Evacuation Squadron based at Scott Air Force Base in Illinois.

Mr. Blamy's duties include supervision of the 25-member staff and overseeing the repair and operation of equipment in the cardiac diagnostic lab.

Hospital notes

The following are reported on staff by the president's office: Dr. **Robert W. McDivitt**, associate pathologist, effective September 1, 1979; Dr. **Michael P. Whyte**, assistant physician, effective

October 1, 1979; Dr. **Michael K. Johnson**, assistant obstetrician/gynecologist, effective December 1, 1979; Dr. **Eli R. Shuter**, assistant neurologist, effective December 5, 1979; Dr. **Fred J. Hodges, III**, radiologist, effective January 1 and Dr. **Devineni Venkata Rao**, assistant radiologist, effective January 15.

Robert E. Frank, Barnes president, has been named a member of the executive committee of the Hospital Association of Metropolitan St. Louis.

A memorial fund has been established for Dr. **James Barnes** by the anesthesiology department. The fund will be entrusted to his wife Sharon and son Jason. Donations should be made out to the James Barnes Memorial Fund and mailed to the department of anesthesiology, Box 8054, Washington University School of Medicine. Each contributor will be listed in a memorial document.

Dr. **Virgil Loeb** was recently elected to the national board of directors of the American Cancer Society and appointed chairman of the committee on clinical fellowships. He was also recently appointed liaison representative from the American College of Physicians to the American College of Surgeons' commission on cancer.

Laundry director **Frank Knox** was named Man of the Year for the St. Louis chapter of the National Association of Institutional Laundry Managers by the Allied Tradesmen of Missouri who served as the nominating committee. The election makes Mr. Knox eligible for the national Man of the Year election to be held in March.

Board of directors member **Edward J. Schnuck** has been elected to a second one-year term as board chairman of the St. Louis Regional Commerce and Growth Association.

Dr. **Thomas B. Ferguson**, Barnes cardiothoracic surgeon, was recently reelected to serve a second term as president of the Council of Medical Specialty Societies. As president of the council, Dr. Ferguson will continue to direct medical education, health care delivery and the interaction of health care providers with the federal government.

The president's office has reported the following on staff: Dr. **John H. Kissel**, assistant physician, effective October 1, 1979; Dr. **Jay P. Marshall**, assistant physician, effective August 1, 1979; Drs. **Daniel E. Potts** and **Andrew Jay Drexler**, assistant physicians, effective September 1, 1979; and Dr. **W. Donald Gay**, assistant dentist, effective October 15, 1979.

Dr. **Leroy Peterson**, Barnes oral surgeon, has been elected to the board of the St. Louis Health Systems Agency.

Barnes Bulletin

February, 1980

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Tribute Fund

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